



# Employee Roster Information

12-2014

## To be completed by Employee:

1. Employee Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_  
PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Contact Information:  
Home Phone \_\_\_\_\_ Personal Cell \_\_\_\_\_ Home Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_
4. Driver's license? ☐ Yes ☐ No  
If yes, License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ State Issued: \_\_\_\_\_
5. Gender ☐ Female ☐ Male
6. Veteran ☐ Yes ☐ No
7. Disability (Optional – For Statistical Use Only. Information used for federal training grant).  
☐ Yes ☐ No ☐ Not Reported
8. Ethnic Background (Optional – For Statistical Use Only. Information used for federal training grant).  
☐ White ☐ Black/African American ☐ Native American/Alaskan Native  
☐ Asian ☐ Hispanic/Latino ☐ Pacific Islander/Native Hawaiian

## To be completed by VR Staff:

1. Position Information: Start Date \_\_\_\_\_ FTE: \_\_\_\_\_
  2. Position Title:  
☐ Associate ☐ Service Specialist ☐ Rehabilitation Specialist ☐ Other \_\_\_\_\_
  3. Office: ☐ Columbus ☐ Lincoln ☐ Omaha/DCCJC ☐ Fremont  
☐ Grand Island ☐ Norfolk ☐ North Platte ☐ Omaha West  
☐ Kearney ☐ Omaha Downtown ☐ Scottsbluff ☐ S. Sioux City  
☐ State Office  
Supervisor: \_\_\_\_\_
  4. Salary: Non-exempt (hourly): \_\_\_\_\_ Exempt (Annual): \$ \_\_\_\_\_
  5. Work Phone Numbers: ☐ Landline #: \_\_\_\_\_ ☐ Work Cell #: \_\_\_\_\_
  6. BU: \_\_\_\_\_ Subledger: \_\_\_\_\_ Subsidiary (if any): \_\_\_\_\_
  7. Will this new hire be providing pre-employment transition services? ☐ Yes ☐ No
- Completed by: \_\_\_\_\_